

Weil Gatschall & Manages LLP
Attorney(s) Harvey Miller
Stephen Karatkin
Joseph Smolinsky
767 Fifth Avenue
New York, New York 10153

Honorable Robert Gerber
United States Bankruptcy Judge
Room 621
Southern District of New York
One Bowling Green
New York, New York 10004

The Garden City Group, Inc.
Attn: Motors Liquidation Company
P. O. Box 9386
Dublin, Ohio 43017-4286

Reference: GM Bankruptcy Claim Settlement Request

We are claimants in the GM Bankruptcy Case #09-50026 (REG) and we are writing with objection to the motion to disallow and expunge our claims, our claims are attached and we offer the following support for our objection.

On Claim #49662 (Marion Goble) for \$119,355.75 for the value of canceled life insurance. I believe GM undermined my retirement and estate plan when reducing my coverage. What had been a \$218,000 life insurance policy at the time of my retirement, July 1, 2000 was reduced to \$10,000 effective August 1, 2009. These reductions occurred after I retired when it became more difficult and unaffordable to me to obtain or replace coverage. During the time of employment and retirement my basic life insurance coverage exceeded \$50,000 and I paid federal income tax on imputed income for coverage in excess of \$50,000.

During my 44.75 years of employment with GM, I was led by GM Personnel Benefit Summaries to believe that I could plan on that insurance in my retirement. In addition to that, GM management continued to assure employees and retirees that GM was on the right course for continued success. However GM Board and Management teams were not reconciling with GM position as the government and people have now realized.

On the claim #49661 (wife, Della Goble) for \$76,652.00 for the value of canceled life insurance, the original value was \$94,000.00 basic life insurance policy at the time of her retirement on September 1, 1994 and it was reduced to \$10,000 death benefit on August 1, 2009.

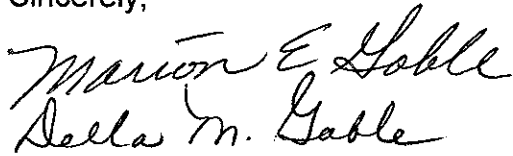
The same circumstances apply to #49661 as Claim #49662, so I will not take up your time to repeat the information.

We hope you can imagine that the situation we are in is causing emotional distress for us and is not the retirement we believed GM promised or portrayed annually in their "personal total compensation" survey brochures.

It appears that our claims were disallowed and expunged for insufficient documentation, however we don't know what else could have been required. In summary, we are seeking settlement of the full amount of our claims and provide the information listed below to you in support of our claims

We will appreciate your thoughtful consideration of our request and look forward to a positive response from you in the near future.

Sincerely,

Handwritten signatures of Marion E. Goble and Della M. Goble in black ink.

Marion & Della Goble
3341 E. Houghton Lake Drive
Houghton Lake, MI 48629

(h) 989- 366-6156
© 989 329-4768

martygob@gmail.com

Five (5) Attachments

- 1) 7-27-09 – Letter from Met Life to Marion Goble (3 pages)
- 2) 7-27-09 – Letter from Met Life to Della Goble (page 1 only)
- 3) 1-26-11 – Form completed by Marion Goble for Claim
- 4) 1-26-22 – Form completed by Della Goble for Claim
- 5) Exhibit A – 163rd Omnibus Objection for Case No 09-50026(REG) indicating Claims for Della Goble & Marion Goble were disallowed and expunged for insufficient documentation.

Metropolitan Life Insurance Company
PO Box 14406
Lexington, KY 40511-4406

MetLife®

July 27, 2009

05344

Marion E Goble
3341 E Houghton Lake Dr
Houghton Lake, MI 48629-9394

Dear Salaried Retiree:

As you know, General Motors has reduced the amount of Basic Life Insurance it provides to salaried retirees. General Motors has asked MetLife to provide an alternative arrangement to assist salaried retirees in electing additional life insurance to supplement their remaining employer provided Basic Life Insurance. MetLife is now pleased to offer you the following life insurance enrollment opportunity.

From **August 3 through August 14, 2009**, you will be able to elect Voluntary Life Insurance without providing proof of good health. MetLife has determined that the maximum amount of coverage you may elect under this new program will be equal to the amount of Basic Life Insurance you had in effect on April 30, 2009 (prior to the May 1, 2009 reduction) that was in excess of \$10,000; however, your maximum amount may not exceed \$25,000. If the maximum amount of coverage you may elect is not an even multiple of \$5,000, it will be rounded up to the next \$5,000. If you elect Voluntary Life Insurance during this enrollment period, your participation in the program will become effective on September 1, 2009. MetLife has determined that salaried retirees with Basic Life amounts of \$10,000 or less on April 30, 2009, are not eligible for this insurance program.

The new Voluntary Life Insurance program is not part of any plan offered by General Motors but is a separate offering made available by MetLife. Contributions required for this coverage will be separate from and in addition to your contributions for any other life insurance you may have under the General Motors Life and Disability Benefits Program for Salaried Employees. General Motors will, however, make pension benefit deductions available for the payment of premiums for the new Voluntary Life Insurance. A table of Voluntary Life Insurance rates is included on page 3. The rates for Voluntary Life Insurance will change each year as your age progresses. Your age for each calendar year will be based on your age as of December 31. As a result, your first rate change due to an increase in age will be on January 1, 2010. Subsequent rate changes due to changes in your age will occur on each January 1.

Coverage options available under Voluntary Life Insurance are \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000. The table on page 3 reflects the schedule of coverage options available to you under the Voluntary Life Insurance program. During the first two years of participation in the program, the death benefit available will be equal to the amount of premiums you have paid. Following two years of premium contributions, your coverage will continue as long as you continue to pay the required premiums and the full amount of coverage elected will be payable in the event of your death.

How to Enroll

ENROLL for Voluntary Life Insurance during the enrollment period of **August 3 through August 14, 2009** by calling MetLife's toll-free number, **1-866-607-9794**, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern Time, to complete your election. Following the enrollment period, MetLife will mail you a confirmation of your election. Deductions from your pension benefits will begin in October 2009. The first month's deduction will be for two months of premium in order to capture the premium owed for both September and October. If you are billed for Voluntary Life Insurance, you will receive your first bill (for two months of premium) in October 2009.

Beneficiary Information

If you choose to participate, the beneficiary for your Voluntary Life Insurance will automatically be the same as you have designated for your General Motors Basic Life Insurance. If you wish to name a different beneficiary for Voluntary Life Insurance than you have for Basic Life Insurance, please contact MetLife at 1-866-607-9794 during the enrollment period.

Metropolitan Life Insurance Company
PO Box 14406
Lexington, KY 40511-4406

MetLife®

July 27, 2009

09456

Della M Goble
3341 E Houghton Lake Dr
Houghton Lake, MI 48629-9394

Dear Salaried Retiree:

As you know, General Motors has reduced the amount of Basic Life Insurance it provides to salaried retirees. General Motors has asked MetLife to provide an alternative arrangement to assist salaried retirees in electing additional life insurance to supplement their remaining employer provided Basic Life Insurance. MetLife is now pleased to offer you the following life insurance enrollment opportunity.

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How to Enroll

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Beneficiary Information

If you choose to participate, the beneficiary for your Voluntary Life Insurance will automatically be the same as you have designated for your General Motors Basic Life Insurance. If you wish to name a different beneficiary for Voluntary Life Insurance than you have for Basic Life Insurance, please contact MetLife at 1-866-607-9794 during the enrollment period.

In Addition to Your Voluntary Life Enrollment, Please Update Your Beneficiaries for Your GM-Sponsored Life Insurance Plan

Retirees should also take the opportunity to update their current General Motors life insurance beneficiary designations during this enrollment. You may update your beneficiary information online by visiting gmbenefits.com and clicking on the life insurance link. After clicking on the life insurance link you will be directed to the MyBenefits website and you will be asked to complete a simple online registration process, if you have not previously registered on MyBenefits. To register, simply follow these instructions:

- Click on the **Register Now** button.
- Provide your first name, last name, date of birth, social security number and email address.
- Create your own user ID and password.
- Select a challenge question and type in your answer, in the event you forgot your ID and/or password in the future.

MyBenefits will email your ID and password to you. For problems or questions with registration, please call 1-877-963-8932.

Using the secure online website will allow you to make designations quickly and easily, limiting paperwork and speeding up processing time. You can view and/or update your life insurance designations 24 hours a day 7 days a week. Beneficiary changes that you complete and submit electronically will take effect immediately. A paper confirmation statement will be mailed to your address of record within 5 - 7 business days.

Please note that your current beneficiary designation is still valid. However, if you made your designation prior to October 2002, you will not be able to view it online. By updating your designation online now, your new designation would be available to view online immediately. If you do not know who you have designated as your beneficiary of record, please do not call MetLife during the enrollment period to request that information. Instead, please take the time to update your beneficiary online.

If you do not have a computer or access to a computer, you may request a paper beneficiary designation form by calling MetLife at 1-866-607-9794 during the enrollment period.

Enroll Now

This is a one-time opportunity to elect Voluntary Life Insurance. If you do not make an election during this period, you cannot make an election at a later date. Please be sure to call during the enrollment period from **August 3 through August 14, 2009** to make your election for Voluntary Life Insurance. Customer Service Representatives will be available to assist you, Monday through Friday, from 8:30 a.m. to 5:00 p.m. Eastern Time through the enrollment period. For your reference, enclosed is a list of frequently asked questions, the rates for Voluntary Life Insurance, and your personalized enrollment options.

Metropolitan Life Insurance Company

These benefits will be subject to the terms and conditions of Group Policy 99800-1-G issued by Metropolitan Life Insurance Company to General Motors Corporation or its successor in interest, including the terms and conditions of the insurance certificate, which shall be an exhibit to the Group Policy. If you have additional questions regarding Voluntary Life Insurance, please contact MetLife through the General Motors Benefits & Services Center at 1-800-489-4646.

Metropolitan Life Insurance Company, New York, NY

Your Voluntary Life Options and 2009 Voluntary Life Rate Information

Voluntary Life Insurance Options

<u>Coverage Options</u>	<u>Monthly Cost</u>	<u>Coverage Options</u>	<u>Monthly Cost</u>
\$ 5,000	\$ 16.07	\$ 20,000	\$ 64.26
\$ 10,000	\$ 32.13	\$ 25,000	\$ 80.33
\$ 15,000	\$ 48.20		

The monthly cost of your coverage options shown above is based on your age as of 12/31/2009 and will increase on January 1 of each year.

Voluntary Life Insurance Rates
Monthly Rates Effective September 1, 2009

Age	Monthly Rate Per \$1,000	Age	Monthly Rate Per \$1,000	Age	Monthly Rate Per \$1,000
<25	\$0.057	50	\$0.263	75	\$3.793
25	\$0.069	51	\$0.298	76	\$4.120
26	\$0.069	52	\$0.337	77	\$4.477
27	\$0.069	53	\$0.383	78	\$4.819
28	\$0.069	54	\$0.433	79	\$5.188
29	\$0.069	55	\$0.491	80	\$5.526
30	\$0.091	56	\$0.534	81	\$6.056
31	\$0.091	57	\$0.582	82	\$6.642
32	\$0.091	58	\$0.638	83	\$7.283
33	\$0.091	59	\$0.699	84	\$7.978
34	\$0.091	60	\$0.765	85	\$8.740
35	\$0.103	61	\$0.876	86	\$9.578
36	\$0.103	62	\$1.004	87	\$10.504
37	\$0.103	63	\$1.149	88	\$11.516
38	\$0.103	64	\$1.317	89	\$12.625
39	\$0.103	65	\$1.508	90	\$13.841
40	\$0.114	66	\$1.670	91	\$15.174
41	\$0.123	67	\$1.848	92	\$16.610
42	\$0.135	68	\$2.046	93	\$18.206
43	\$0.146	69	\$2.264	94	\$19.949
44	\$0.158	70	\$2.505	95	\$21.857
45	\$0.171	71	\$2.722	96	\$23.953
46	\$0.186	72	\$2.957	97	\$26.255
47	\$0.203	73	\$3.213	98	\$28.915
48	\$0.222	74	\$3.492	99+	\$31.839
49	\$0.241				



APS2083465911
01062122

PLEASE COMPLETE THE FOLLOWING:

ITEM 1. Amount of General Unsecured Claim. For purposes of voting to accept or reject the Plan, the undersigned holds a General Unsecured Claim against the Debtor listed below in the amount set forth below.

Claim Amount:	\$119,355.75
Debtor:	Motors Liquidation Company

ITEM 2. Vote on the Plan. The undersigned holder of a Class 3 General Unsecured Claim in the amount set forth in Item 1 above hereby votes to:

- Check one box:
- ☒ Accept the Plan
- ☐ Reject the Plan

ITEM 3. Acknowledgement and Certification. By signing this Ballot, the undersigned acknowledges that the undersigned has been provided with a copy of the Disclosure Statement, including all exhibits thereto. The undersigned certifies that (i) it is the holder of the General Unsecured Claim identified in Item 1 above and (ii) it has full power and authority to vote to accept or reject the Plan. The undersigned further acknowledges that the Debtors' solicitation of votes is subject to all terms and conditions set forth in the Disclosure Statement and the order of the Bankruptcy Court approving the Disclosure Statement and the procedures for the solicitation of votes to accept or reject the Plan contained therein.

Print or Type Name of Claimant:

Marion E. Goble

Social Security or Federal Tax I.D. No. of Claimant:

~~XXXXXXXXXX~~

Signature:

Marion E. Goble

Name of Signatory (if different than claimant):

If by Authorized Agent, Title of Agent:

Street Address:

3341 E. Houghton Lake Dr

City, State, and Zip Code:

Houghton Lake, MI 48629

Telephone Number:

989 366-6156

E-mail Address:

martygob@gmail.com

Date Completed:

JANUARY 26, 2011

Please check one or both of the below boxes, if the above address is a change of address for the purpose(s) of:

- ☐ future notice mailings; **AND/OR** ☐ distributions

PLEASE COMPLETE THE FOLLOWING:

ITEM 1. Amount of General Unsecured Claim. For purposes of voting to accept or reject the Plan, the undersigned holds a General Unsecured Claim against the Debtor listed below in the amount set forth below.

Claim Amount: \$76,652.00

Debtor: Motors Liquidation Company

ITEM 2. Vote on the Plan. The undersigned holder of a Class 3 General Unsecured Claim in the amount set forth in Item 1 above hereby votes to:

Check one box:



Accept the Plan



Reject the Plan

ITEM 3. Acknowledgement and Certification. By signing this Ballot, the undersigned acknowledges that the undersigned has been provided with a copy of the Disclosure Statement, including all exhibits thereto. The undersigned certifies that (i) it is the holder of the General Unsecured Claim identified in Item 1 above and (ii) it has full power and authority to vote to accept or reject the Plan. The undersigned further acknowledges that the Debtors' solicitation of votes is subject to all terms and conditions set forth in the Disclosure Statement and the order of the Bankruptcy Court approving the Disclosure Statement and the procedures for the solicitation of votes to accept or reject the Plan contained therein.

Print or Type Name of Claimant:

Della M. Goble

Social Security or Federal Tax I.D. No. of Claimant:

~~XXXXXXXXXX~~

Signature:

Della M. Goble

Name of Signatory (if different than claimant):

If by Authorized Agent, Title of Agent:

Street Address:

3341 E. Houghton Lake Dr

City, State, and Zip Code:

Houghton Lake, MI 48629

Telephone Number:

989 366-6156

E-mail Address:

della.goble@gmail.com

Date Completed:

January 26, 2011

Please check one or both of the below boxes, if the above address is a change of address for the purpose(s) of:

future notice mailings; **AND/OR**

distributions

CLAIMS TO BE DISALLOWED AND EXPUNGED

Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference
GANATRA, JAYANT K 6546 BRIDGEWATER DR WEST BLOOMFIELD, MI 48322	23481	Motors Liquidation Company	\$0.00 (S)	Insufficient Documentation	Pgs. 1-5
			\$0.00 (A)		
			\$0.00 (P)		
			\$415,969.00 (U)		
			\$415,969.00 (T)		
GARCIA, EVELYN & GEORGE 2816 LOS ALAMOS TRL FORT WORTH, TX 76131	5316	Motors Liquidation Company	\$0.00 (S)	Insufficient Documentation	Pgs. 1-5
			\$0.00 (A)		
			\$0.00 (P)		
			\$750,000.00 (U)		
			\$750,000.00 (T)		
GERALD BERCHOK 401 COWAN DRIVE ELIZABETH, PA 15037	65265	Motors Liquidation Company	\$0.00 (S)	Insufficient Documentation	Pgs. 1-5
			\$0.00 (A)		
			\$0.00 (P)		
			\$202,110.00 (U)		
			\$202,110.00 (T)		
GIPSON, DELORA 544 S 22ND ST SAGINAW, MI 48601	1704	Motors Liquidation Company		Insufficient Documentation	Pgs. 1-5
GOBLE, DELLA M 3341 E HOUGHTON LAKE DR HOUGHTON LAKE, MI 48629	49661	Motors Liquidation Company	Unliquidated	Insufficient Documentation	Pgs. 1-5
			\$0.00 (S)		
			\$0.00 (A)		
			\$0.00 (P)		
			\$76,652.00 (U)		
GOBLE, MARION E 3341 E HOUGHTON LAKE DR HOUGHTON LAKE, MI 48629	49662	Motors Liquidation Company	\$0.00 (S)	Insufficient Documentation	Pgs. 1-5
			\$0.00 (A)		
			\$0.00 (P)		
			\$119,355.75 (U)		
			\$119,355.75 (T)		

(1) In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".

(2) Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.